



Mobilization Group Itinerary

Unit Name: _____ UIC: _____ Arrival Date: _____

Mobilization Stations:	Appointment:	Remarks:
Mobilization Site 5815 20 th Street Bldg 213, Room 221 703-805-5576/5582	Date: _____ Time: _____ Location: _____	One set of orders and any amendments. Original Personal Data Sheet-filled out prior to appt. Copy of Inprocessing Checklist- blocks 1-5 and appt date filled out. Original Mob Checklist will accompany SM to each station and will be turned in to the Mob site at the completion of processing.
Directorate of Human Res. Bldg 213, Basement 703-805-4433 Mr. Robinson for inprocessing. SFC Wynn for outprocessing.	Date: _____ Time: _____ Location: _____	One set of orders and any amendments. Block 1-3 of Checklist (DD 93, SGLI updated)
DEERS/ID Cards Bldg 213, Rear Entrance, Main Floor.	Date: _____ Time: _____ Location: _____	One set of orders and any amendments.
DeWitt Health Care Network Medical Co, Bldg 805, Rm 204 703-805-0084 – SGT Harris	Date: _____ Time: _____ Location: _____	One set of orders and any amendments. After all blocks on the medical checklist are complete you will return to this station and they will sign on block 5 of the Mob checklist.
South Clinic 703-806-3397/3396 Ms Carri	HA /South Clinic: Date: _____ Time: _____ Location: _____	One set of orders and any amendments. Health Assessment note: The PPD should be read by the Community Nurse prior to the HA appointment.
TRICARE Service Center DeWitt Hospital Bldg 808 Health Benefits Advisor	Date: _____ Time: _____ Location: _____	One set of orders and any amendments.
Logan Dental Clinic Bldg 1099, 12 th St+Hannah Ln 703-805-4392 or 0025 Trish Wiggins	Date: _____ Time: _____ Location: _____	One set of orders and any amendments.
Staff Judge Advocate 9990 Belvoir Dr. Bldg 257	Date: _____ Time: _____ Location: _____	One set of orders and any amendments. If you need items notarized for Finance such as Birth, Marriage Certificates etc. bring appropriate paperwork.
Vehicle Registration VPOC at Tulley Gate	Date: _____ Time: _____ Location: _____	One set of orders and any amendments. Bring the Vehicle Registration & Insurance Card. This block must be signed even if you have a decal on your vehicle and it is current. If you are NOT using a POV here, mark block 8 on the checklist – “NO POV” and sign + date.
Defense Military Pay Office, Bldg 219, 9875 Mitchie Place SFC Cooper or Ms Peaches 703-805-3889 or 2598	Date: _____ Time: _____ Location: _____	One set of orders and any amendments. All applicable paperwork with original signatures. Copies of original Birth, Marriage, Divorce certificates will be turned in to this office. The original must be provided or a statement will be notarized at the SJA.